

**RE: Conditions and Certification Requirements to Allow
Management Agent Employee Pension Plans to be Paid
From Development Operating Income**

Dear:

The purpose of MSHDA'S review of an employee Pension Plan (the Plan) that will be paid for from a development's operating account is to:

- Ensure that all contributions made on behalf of the employees are vested and/or forfeited solely in favor of the employees participating in the Plan.

Management agents planning to use development operating income as the source of the employer match must, at a minimum, comply with the following conditions:

1. Submit a signed copy of the attached certification form for the Authority's files.
2. Include the cost assessed for the employer contribution in the appropriate line item of the approved annual operating budget.
3. Agree to utilize development income to cover only the actual cost of the employer match applicable to the development's eligible under the Plan, plus the Plan's proportionate share of the Plan's direct expenses, if any.
4. Agree to use development operating income only for employees vested in the Plan, or in the event of a forfeiture, agree to limit the use of any balance remaining in the fund for the following purposes:
 - Reinstatement of previously forfeited account balances of former participants, if any;

- Payment of the development's proportionate share of the cost of the Plan's annual audit, if any,
 - Reduction in the employer's contribution to the Plan for the year in which a forfeiture occurs; or
 - Used as an employer credit against future payments.
5. Certify that the pension plan in place benefits the on-site employees and is in compliance with the applicable laws.

If you intend to use development operating income as the source of employer match, please complete the attached certification form and return it to me. If you have any questions, please call me at (517) 373-6042.

Sincerely,

Kathy Feldpausch
Asset Management



MSHDA PENSION PLAN CERTIFICATION

Date:

Management Agent:

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONDITIONS
OUTLINED IN THE AUTHORITY'S PENSION PLAN LETTER.

I ALSO CERTIFY THAT OUR EMPLOYEE PENSION PLAN COMPLIES
WITH ALL OF THE CONDITONS STATED IN THE AUTHORITY'S
PENSION PLAN LETTER.

MANAGEMENT AGENT: _____

NAME (PRINTED)

TITLE

SIGNATURE

DATE